

008

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	71058	24-99
O.I.P.E. CLASSIFIER		5	2-10-199
FORMALITY REVIEW	DL	71634	2118199

INDEX OF CLAIMS

✓ Rejected II Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

BEST AVAILABLE COPY

Claim	Date			
Final	Original	Original	Original	Original
1	12	1	01	07
2	14	20	23	02
3	03	01	02	02
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Claim	Date			
Final	Original	Original	Original	Original
51	01	07	12	8
52	07	07	02	14
53	02	02	02	07
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Claim	Date			
Final	Original	Original	Original	Original
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If more than 150 claims or 10 actions
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